Washington County
2015 Schedule of Medical Benefits
Option ID: WAC4J

TALL TREE ADMINISTRATORS

Group ID: SFWAC
Prior Authorization - VCM (855-586-2568) for all procedures except Mental Health/Substance Abuse
Claims - P.O. Box 71570, Salt Lake City,UT 84141-0570
Payor ID: 88067
Customer Service Number: 877-453-4201
Coverage begins: First of the month following date of hire. See plan document for when coverage ends.

Utah Network - Wise
Traveling outside of Utah - Multiplan

Minimum weekly hours for full time: 30 hours

	Lifetime Max: None	Network Providers	Non-Network Providers	Benefit Limits
	Annual Deductibles (does not include co-payments)	Individual $1,000 Family $2,000	Individual $1,000 Family $2,000	**Note: Limits are per person per calendar year**
	Annual Co-Insurance Out of Pocket Maximums (Includes medical deductible and co-payments, does not include Rx co-pays)	Individual $3,000 Family $6,000	Individual $3,000 Family $6,000	
	Office Visits - Primary Care (exams or consultations)	$25 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Office Visits - Primary Care - After Hours (exams or consultations)	$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Office Visits - Specialist (exams or consultations)	$30 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Office Services Performed in Physician's Office - basic services with exam, including: injections, surgery (minor and major), sterilization, anesthesia, medical supplies, radiology and pathology. (does not include pain mgmt, chemotherapy)	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Wellness Care - Adult	Plan pays 100%	**Not Covered**	
	Wellness Care - Children	Plan pays 100%	**Not Covered**	
	Colonoscopy - Wellness	Plan pays 100%	**Not Covered**	
	Wellness Care includes: 1 routine physical per year, 1 routine gynecological exam per year, 1 family history exam per year, 1 routine pap smear & mammogram per year, routine well-baby exams, covered immunizations, 1 routine hearing exam per year, 1 colonoscopy screening every 5 years for covered person over the age of 50. Other preventive services as identified by the Patient Protection and Affordable Care Act (PPACA) will be covered. Eye examinations covered under vision plan.			
	Allergy Treatment - Injections	Covered at 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Allergy Treatment - Serum	$50 per person per year, then plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Allergy Treatment - Testing	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Acupuncture	$25 co-pay, then Plan pays 100%.	$25 co-pay, then Plan pays 100%.	Limited to 20 visits per person per year
	Ambulance	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	In Life threatening situations the deductible is waived and benefits paid at 80% of charges
	Birth Control / IUD	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
x-BH-x	Chemical Dependency - Inpatient ***	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	**Prior Authorization Required through Blomquist-Hale 800-926-9619**
x-BH-x	Chemical Dependency - Outpatient ***	$25 co-pay then Plan pays 100%.	Deductible, then Plan pays 60% of ***allowed*** amount	**Prior Authorization Required through Blomquist-Hale 800-926-9619**
	Chemotherapy/Radiation Therapy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Chiropractic Services	$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of ***allowed*** amount	Limited to 20 visits per person per year
	Colonoscopy - Medical	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Dental Injury Treatment	Plan pays 80%	Plan pays 80%	Orthodontic Injury Treatment covered at 100% to a maximum of $500 per occurrence
	Diabetic Education	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Diagnostic Services - Basic labs/x-rays (related to office visit, LabCorp, etc)	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Diagnostic Services - Major (MRI, CT, PET, Nuclear Medicine, etc.)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Diagnostic Services - Minor (ultrasounds, bone density, ecography,etc)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Dialysis	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Durable Medical Equipment (includes orthotics & prosthetics)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Orthotic devices for feet limited to $200 per person per year. Prostheses once every 5 years unless medically necessary or due to growth
	Emergency Room - Facility (co-pay waived if admitted)	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of ***allowed*** amount	First $500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in-network benefit level
	Emergency Room - All other covered services other than facility charges	Deductible, then Plan pays 80%	Deductible, then Plan pays 80% of ***allowed*** amount	
	Gastric Bypass Surgery / Lap Banding	**No Benefit**	**No Benefit**	
	Growth Hormones	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	**Not for athletic performance**
VCM	Home Health Care *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
VCM	Hospice Care *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	

VCM	Hospital - Inpatient Services *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Hospital - Outpatient Services (not surgery)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Impacted Teeth/Cysts/Tumors	Deductible, then Plan pays 80% Deductible waived for impacted teeth	Deductible, then Plan pays 60% of ***allowed*** amount Deductible waived for impacted teeth	**Must use TDA contracted provider in order to receive in-network benefits for Impacted Teeth**
	Infertility Services	Deductible, then Plan pays 80%	**Not covered**	Initial exam and testing only **Treatment not covered**
	Maternity - Prenatal Office Visits Only (billed separately from total delivery)	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	Coverage for all female participants. Grandchildren are not covered.
	Maternity - Basic labs/x-rays (related to office visit, LabCorp)	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	Coverage for all female participants. Grandchildren are not covered.
	Maternity - (including birthing center or mid-wife) Dependents covered for maternity, **baby is not covered**)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Non-network midwifery services will be covered as in-network. Coverage for all female participants. Grandchildren are not covered.
	Medical Supplies (Insulin, Diabetic test strips, Insulin pumps, etc.) These supplies may also be covered under Prescription Benefit.	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Insulin, Diabetic test strips, pumps, etc.
x-BH-x	Mental Health - Inpatient ***	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	**Prior Authorization Required through Blomquist-Hale 800-926-9619 Residential treatment facilities are not covered**
x-BH-x	Mental Health - Outpatient ***	$25 co-pay, then Plan pays 100%.	Deductible, then Plan pays 60% of ***allowed*** amount	**Prior Authorization Required through Blomquist-Hale 800-926-9619**
	Naturopathy / Homeopathetic Services	$25 co-pay, then Plan pays 100%.	**Not covered**	Prescribed by a THS contracted physician; Brian Hardy, Fuller Royal or Dennis Remington
	Nutraceuticals and Homeopathic Products	Plan pays 100%	**Not covered**	Prescribed by a THS contracted physician; Brian Hardy, Fuller Royal or Dennis Remington
	Newborn Care	Plan pays 80%, deductible waived	Deductible, then Plan pays 60% of ***allowed*** amount	Initial birth and continuing care in Hospital.
	Parenteral Nutrition	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Limited to an annual maximum of $10,000 including supplies and equipment
	Outpatient Therapy Physical, Speech and Occupational	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Only covered if given to restore person to original health.
VCM	Outpatient Surgery *	Deductible, then Plan pays 90%	Deductible, then Plan pays 70% of ***allowed*** amount	
	Orthognathic/Manibular Osteotomy	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Benefit is limited to diagnosis and non surgical treatment only
VCM	Residential Treatment Facilities (Inpatient Services) *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	Chemical Dependency; Substance Abuse; Mental Health
	Residential Treatment Facilities (Outpatient Services)	$40 co-pay, then Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	Chemical Dependency; Substance Abuse; Mental Health
VCM	Skilled Nursing *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Sleep Studies (Related to sleep apnea only)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Sterilization (Men)	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	If performed in office setting, covered at 100%.
	Sterilization (Women)	Plan pays 100%	Deductible, then Plan pays 60% of ***allowed*** amount	Inpatient and Outpatient
	TMJ and Orthognathic	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	**Benefit is limited to diagnosis and non surgical treatment only**
VCM	Transplant *	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	
	Urgent Care Center / Insta Care / 24 Hours	Deductible, then Plan pays 80%	Deductible, then Plan pays 60% of ***allowed*** amount	First $500 of an accident covered at 100%; then regular benefits apply; Accident and Life Threatening paid at in-network benefit level. Place of service not relevant.
	Annual Co-Insurance Out of Pocket Maximums Individual $3,500 Family $7,200			
	Covered Prescription Drugs-VRx Customer Service: 1-877-879-9722 VRx Pre-Auth Line 1- 877-879-9922 Website-www.myvrx.com	Generic-$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	**Birth Control Pills and Devices covered at 100% when obtained at a participating pharmacy.** **Specific Over the counter medications covered with written prescription from physician.**
	Mail Order Drugs WelldyneRx or Stapley Pharmacy WelldyneRx Customer Service 1-866-240-0513 90-day supply also available through Retail Pharmacies	Generic-$0 Brand/Formulary-20% Brand/Non-formulary-40%	Member must submit receipt. Reimbursement will be made at cost plan would have paid less plan co-pay or co-insurance.	

Effective 1/1/15

***Pre Certification Required by VCM. Failure to obtain prior authorization may result in a reduction of $250 or denial of benefits.**
***** Pre-certification required by Bloomquist-Hale. 1- 801-262-9619**
Note: Any non-allowed or not covered amounts or services are the responsibility of the patient and are not included in the Out-of-Pocket Maximum.

RAPS - services provided by facility based radiologists, anesthesiologists, pathologists, labs, or ER physicians covered under the appropriate facility benefit

Newborns are not automatically added to the plan. The employee must add the newborn to the plan within 30 days of birth.
Dependents Covered to Age 26 Regardless of student or marital status.
Timely Filing - 12 months from the date service incurred.
Life Threatening services incurred at an out of network provider will be paid in network.
Coordination of Benefits - Supplemental meaning the Plan will pay up to 100% of eligible expenses.
Rural Area is defined as 30 miles. If covered services are not available in the network within 30 miles the provider will be paid in network.
As of 1/1/2014 - No pre-existing on Employees or Dependents
External Review
Out of Country Care – if a participant is traveling outside of the country for medical care claims will be paid non-network. If a participant has a true emergency or a life threatening event claims will be paid in-network.
We believe this coverage is a non grandfathered health plan under the Patient Protection and Affordable Care Act. (PPACA)
Visit www.talltreehealth.com to view eligibility, access claim history and link to the PPO network and more.